

*If you are using a printed copy of this procedure, and not the on-screen version, then you **MUST** make sure the dates at the bottom of the printed copy and the on-screen version match.  
The on-screen version of the Collider-Accelerator Department Procedure is the Official Version.  
Hard copies of all signed, official, C-A Operating Procedures are kept on file in the C-A ESHQ Training Office, Bldg. 911A.*

## C-A OPERATIONS PROCEDURES MANUAL

### ATTACHMENT

#### 8.14.c Example of Confined Space Entry Permit

C-A-OPM procedure in which this Attachment is used.		
8.14		

#### Hand Processed Changes

<u>HPC No.</u>	<u>Date</u>	<u>Page Nos.</u>	<u>Initials</u>
_____	_____	_____	_____
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Approved: *Signature on File* \_\_\_\_\_  
 Collider-Accelerator Department Chairman      Date

A. Etkin

**CONFINED SPACE ENTRY PERMIT #.**

**POST PERMIT AT ENTRANCE TO CONFINED SPACE**

**GENERAL [ Confined Space Subject Area]**

Permit for Confined Space Located in RHIC Ring Building: - 1005R

Cryogenic Cold Box: - 1-Main Tank

**This Permit is only for welding the modifications to the piping and valves in Cold Box 1 main tank. The work involves welding valves into process piping and associated piping modifications.**

Entry Permit Valid	From	To
Date		
Time		

**This area is subject to a potential OXYGEN DEFICIENCY HAZARD and requires that ATMOSPHERIC TESTING be performed before each entry period. Continuous Oxygen monitoring is also required.**

**Continuous Forced Air supply and exhaust shall be provided. The intake for the exhaust hose shall be on the opposite side of the weld from the air supply and shall direct the air stream from the work area away from the workers. Both access port shall be open during any access. CARE TO BE TAKEN TO INSURE THERE IS NO SOURCE OF CO IN THE AREA.**

**Flame Retardant blankets and / or a metal barrier shall be used to protect the super insulation in the area. Loose super insulation shall be removed from the immediate area.**

**Fire Watch shall have a Halon 1211 Fire Extinguisher in the immediate area and shall use safety glasses with a density 5 lens as protection from reflected ark light. A blast of compressed air may be used to extinguish a small super insulation fire unless the safety of the entrant is compromised.**

During Welding operations Supplied Air Respirators may be used to reduce exposure.

**NOTE:- Personnel using Supplied Air Respirators require specific additional training and supervision.**

**NOTE:- All Electrical Equipment used in the space shall be protected by a GFCI device.**

**ENTRANTS AND ATTENDANTS SHALL HAVE VALID CONFINED SPACE TRAINING**

**Attendant shall maintain visual and voice contact with entrant and shall not enter the box to affect a rescue. Rescue without entry to box is permitted.**

Emergency Services shall be summoned by the use of a pull box and/ or calling extension 2222.

Records of all Atmospheric Testing, Entrants, Attendants and Reviews by Entry Supervisor SHALL be Maintained on Record Sheets that are kept with this permit and that shall be attached to this permit when returned to the RHIC ES&H Coordinator.

**PERMIT VALID FOR WORK IN ENTRY AREA ONLY!**

**CONDITIONS IN THE SPACE SHALL BE REVIEWED BY THE SUPERVISOR EACH DAY TO CONFIRM THAT THERE HAVE NO SIGNIFICANT CHANGES!**

**ENTRY AUTHORIZED BY:**

**Asher Etkin** \_\_\_\_\_ **8/7/2003 2:09 PM Supervisor** \_\_\_\_\_  
**ENTRY CANCELLED BY:**

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

ES&H Coordinator \_\_\_\_\_

REASON FOR CANCELLATION:

Entry Operation Completed      Expired      Prohibited Condition Arose (Specify)

# \_\_\_\_\_ of \_\_\_\_\_

## CONFINED SPACE MULTIPLE ENTRY RECORD

Permit Location:- \_\_\_\_\_ Permit #:- \_\_\_\_\_

### ENTRY RECORD TIME IN & OUT

Date	Entrant	Attendant	In	Out	In	Out	In	Out

### ATMOSPHERIC TESTING RECORD

Condition	Acceptable - Levels	Date		Date		Date		Date	
		Read	Time	Read	Time	Read	Time	Read	Time
Oxygen	19.5%-23.5%								
Explosive	< 10% LEL								
Tester									

#### Test Equipment

Type:- \_\_\_\_\_

Serial #:- \_\_\_\_\_

Date of Calibration:- \_\_\_\_\_

#### Supervisor Review

**I have functionally tested the test equipment notified Emergency Services of entry activity and reviewed the Activities and conditions in the space and they remain as at the time of Permit Issue [Other wise New Permit is Required].**

ESD Notified of End of Entry				
Date				
Signature				